



233958

TRICON INDUSTRIES INCORPORATED
ELECTROMECHANICAL DIVISION

Contact Assemblies & Switches

2325 Wisconsin Avenue Downers Grove, Illinois 60515 Tel: 664-2110 Telex 72-1592

RECEIVED

September 8, 1983

WASTE MANAGEMENT BRANCH
EPA REGION VRCRA Activities
US EPA Region 5
P.O. Box A 3587
Chicago, Illinois 60690

G, T S D, P:

Re: Declassification of Hazardous Waste Storage Facility

To Whom It May Concern:

This letter is to request the change in status of our plant located at 2325 Wisconsin Avenue, Downers Grove, Il. 60515. Currently we are listed as a waste generator and as a waste storage facility. However, we only generate approximately 2450 kilogram of waste during a year and at no time do we store over 1,000 kilograms of waste. We therefore, wish to be classified as a small waste generator and we wish to be deleted from the classification of a storage facility. Storage of our waste is well below 1,000 kilograms and is always less than 90 days.

In 1981, Mr. William Child from the Illinois EPA reviewed our facilities and informed us that USEPA hazardous waste facility regulations do not apply to our operation and suggested that we request to be removed from that classification. I am including a copy of his letter as verification. I am also sending copies of our Illinois Environmental Protection Agency Hazardous Waste treatment of storage, and Disposal Facility Annual Report for 1982.

So far this year we have generated 1,000 kilograms of waste of which all has been reclaimed or disposed of by approved sources. We currently have approximately 50 kilograms of waste in our plant.

Errors were made on our original Hazardous Waste Permit application - Part A. On form 3 RCRA. The following items should be corrected as follows:

RCRAREADSCORRECT TO:

		Line										
III	Section C	Line 1	S01	165	G	501	110	G				
		Line 2	S04	3	G	---	0	--				
IV		Line 1	F001	4025	P S01	F001	2940	P	S01			
		Line 2	F002	4025	P S01	F002	580	P	S01			
		Line 3	F006	4025	P S01 S04	F006	0	P	S01			
		Line 4	F007	4025	P S01 S04	F007	980	P	S01			
		Line 5	F008	4025	P S01 S04	F008	0	* P	S01			
		Line 6	F009	4025	P S01 S04	F009	---	--	---			
		Line 7	P106	10	P S04	---	---	--	---			
		Line 8	U186	10,500	P S01	---	---	--	---			

ns for Corrections:

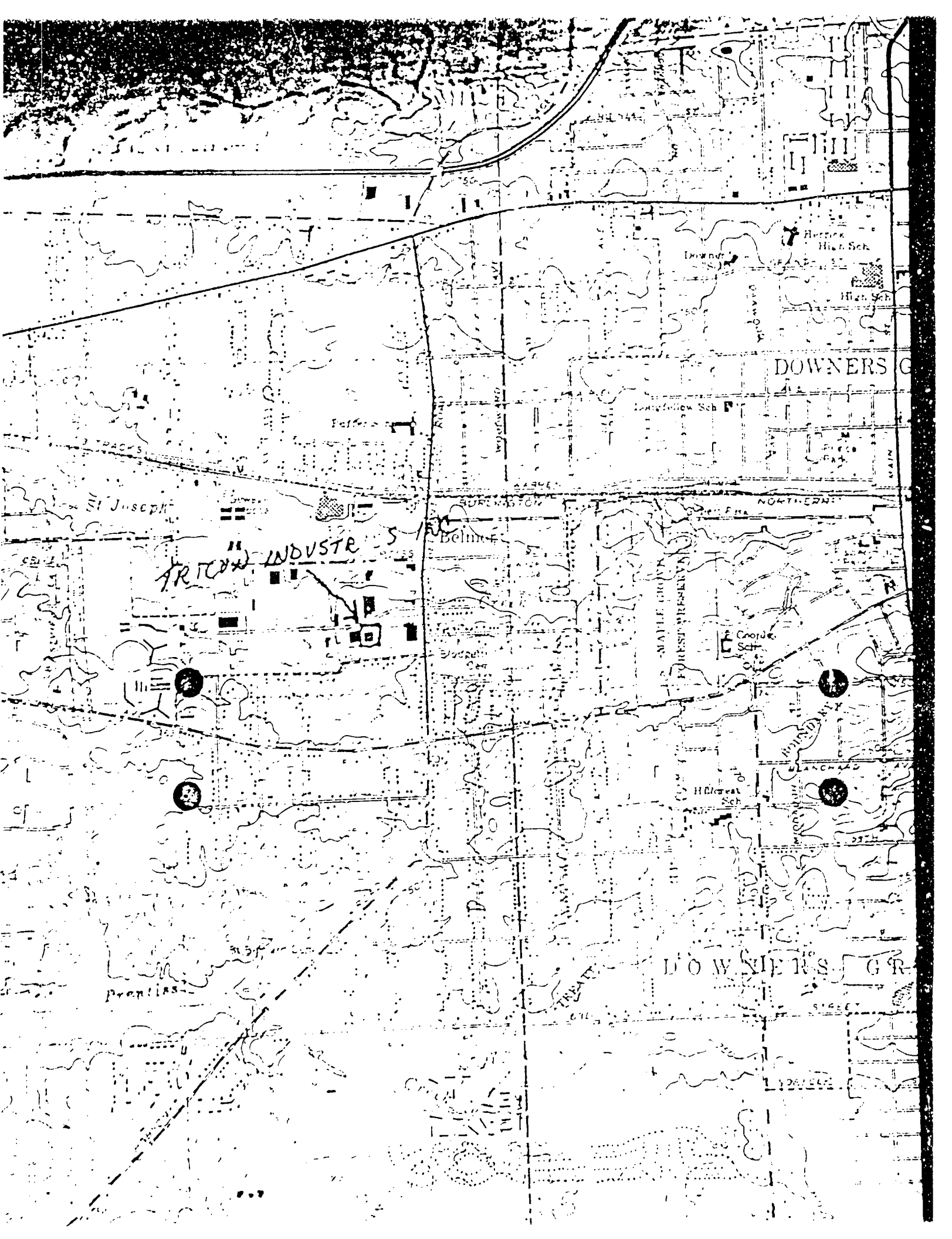
- III Line 1 - Over estimate of storage rate
- Line 2 - We do not, use nor have we ever used, a surface impoundment. The individual who completed the form did not understand the meaning of surface impoundment. We have an acid neutralization pit that neutralizes acids before they are discharged into the Downers Grove Sanitary District sewer system.
- IV Line 1 - Overestimate of degreasing operation. We only purchase approximately 2940 lbs. of degreaser per year. Our waste equals our input.
- Line 2 - Overestimate
- Line 3 - We do not separate sludge from plating bath solutions. This will be included with the corrected total on line 4. We do not have a surface impoundment.
- Line 4 - Overestimate of our plating operation. We have a small nickel plating operation that generated 980 pounds of waste during 1982. We do not have a surface impoundment.
- Line 5 - This is included in Line 4 above.
- Line 6 - Error on original report. We do not generate wastes from stripping and cleaning for plating operations. The only discharge of these bathes would be contained in rinse water that is going through our acid neutralization pit (see Item III Line 2 above)
- Line 7 - Error on original report. We do not use a surface impoundment. The rinse waters containing sodium cyanide go through our acid neutralization pit prior to being discharged into the Downers Grove Sanitary sewer system.

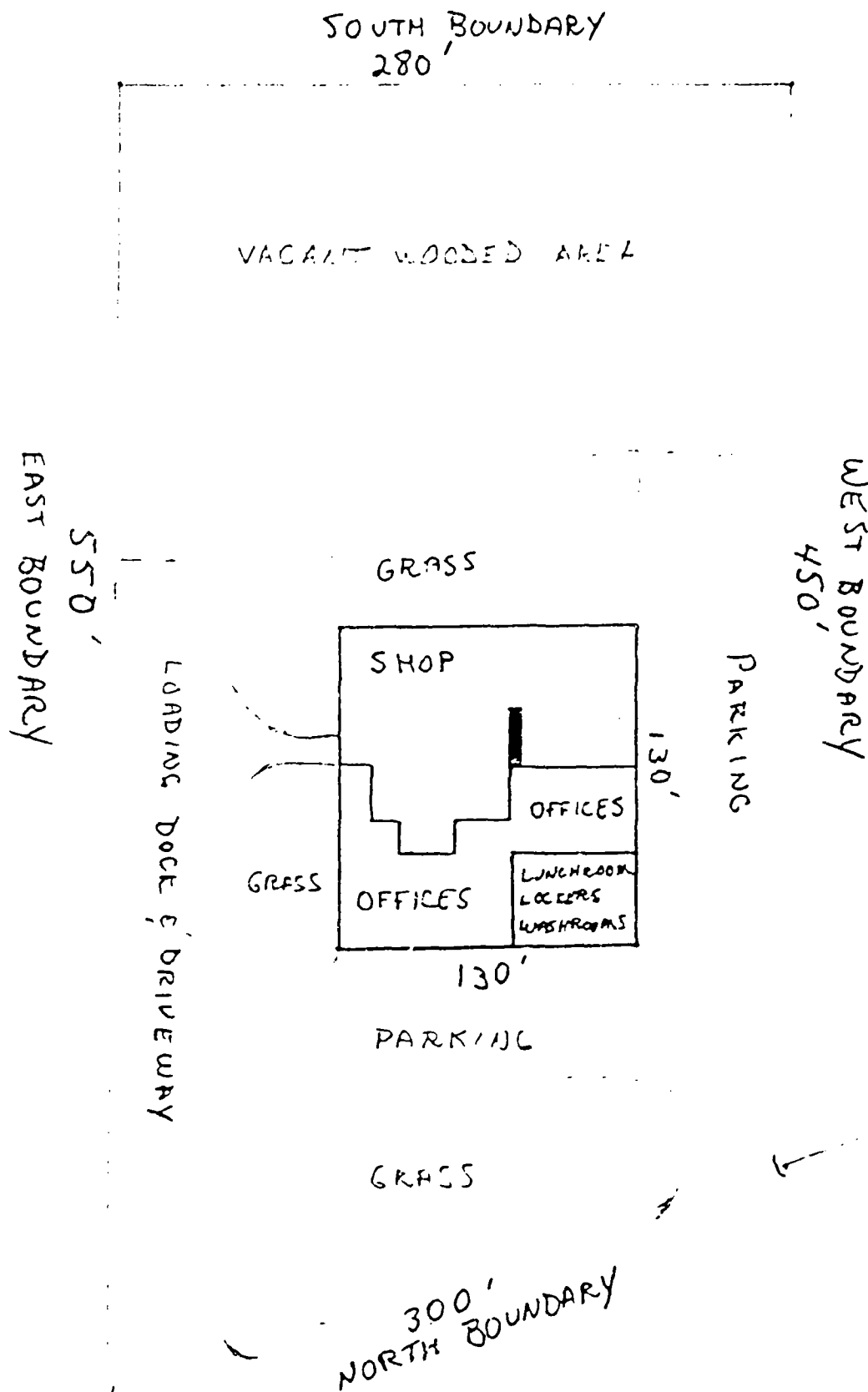
U.S. ENVIRONMENTAL PROTECTION AGENCY		EPA I.D. NUMBER	
GENERAL INFORMATION		F I L D 0 0 5 0 8 4 1	
Consolidated Permits Program (Read the "General Instructions" before starting)		GENERAL INSTRUCTIONS	
I. EPA I.D. NUMBER		If a preprinted label has been printed in the designated space, Review it carefully; if any of it is in through it and enter the correct appropriate fill-in area below. If the preprinted data is absent (the left of the label space lists the that should appear), please provide proper fill-in area(s) below. If complete and correct, you need items I, III, V, and VI (except must be completed regardless). Items if no label has been provided the instructions for detailed instructions and for the legal authority which this data is collected.	
III. FACILITY NAME			
V. FACILITY MAILING ADDRESS			
VI. FACILITY LOCATION			
II. POLLUTANT CHARACTERISTICS			
INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the table if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if you are excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.			
SPECIFIC QUESTIONS		SPECIFIC QUESTIONS	
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)		B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)	
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)		D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)	
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)		F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)	
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)	
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)	
III. NAME OF FACILITY			
IV. FACILITY CONTACT			
A. NAME & TITLE (last, first, & title)		B. PHONE (area code & no.)	
ROBERT W CAMERON PLANT Supt		312 964 2338	
V. FACILITY MAILING ADDRESS			
A. STREET OR P.O. BOX			
B. CITY OR TOWN			
C. STATE			
D. ZIP CODE			
VI. FACILITY LOCATION			
A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER			

NOTE: Photocopy this page before completing if you have more than 26 wastes to list.

EPA ID. NUMBER (enter from page 1)													FOR OFFICIAL USE ONLY																						
3	2	1	0	9	8	7	6	5	4	3	2	1	9	8	7	6	5	4	3	2	1	0	9	8	7	6	5	4	3	2	1				
W	I	L	D	0	0	5	0	8	4	1	2	4	W	DUP										3	2	DUP									

[illegible]





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Illinois Environmental Protection Agency • 2200 Churchill Road, Springfield, IL 62706

ILLINOIS GENERATOR I.D. NUMBER REQUEST FORM

This Form is applicable ONLY if waste is being shipped out of Illinois, or shipped under a generic permit. Please TYPE or PRINT in ink. INCOMPLETE FORMS WILL BE REJECTED.

This # is being requested by Steve Bales
of (Company) Bales Mold Service, Inc.
GENERATOR NAME Bales Mold Service, Inc.
LOCATION (not P.O. Box) 2824 Hitchcock
City, State & Zip Code Downers Grove, IL, 60515
County Dupage

Mailing Address _____
(if different than above)
City, State & Zip Code _____

BUSINESS PHONE: (312) 852-4665 EMERGENCY PHONE: _____

CONTACT PERSON: Steve Bales

Frequency of Transportation (check one)

 1 = one time only 3 = weekly 5 = monthly 7 = quarterly
 2 = daily 4 = bi-weekly 6 = bi-monthly X 8 = semi-annu

WASTE DESTINATION: (Site) CyanokEM

ADDRESS: 12381 Schaefer Highway

City, State & Zip: Detroit, MI, 48227

* CyanokEM does not have one. (Must Be Completed)

- * Out of State - Indicate Illinois Site Code Number
- * Generic - Indicate Generic Permit Authorization Number

Return this form to:

IEPA-DLPC #24

Attn: Carrie Agrall

2200 Churchill Road

Springfield, Illinois 62706

This Agency is authorized to require this information under Illinois Revised Statutes, 1979, Chapter 111 1 2, Section 1039. Disclosure of this information is required under that Section. Failure to do so or prevent this form from being processed and could result in your application being denied. This form has been approved by the Form Management Center.

FOR AGENCY USE ONLY

GENERATOR I.D. # 0430300010

EDP ✓
Region _____
Manifest _____
IMES _____ File _____

This form will be returned to you when a generator number has been assigned. Any questions should be directed to Carrie Agrall at 217/782-6760.

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APR 23 1987

ILLINOIS ENVIRONMENTAL PROTECTION AGENCY
1988 GENERATOR ANNUAL HAZARDOUS WASTE REPORT

For Agency use LIPHWC CARD 20 TRANS A 02/28/89

GENERATOR USEPA I.D. NUMBER

GENERATOR IEPA I.D. NUMBER

GENERATOR COMPANY: BALES WELD SERVICE INC
2824 HITCHCOCK
DOWNERS GROVE

043 03000 10

MAILING ADDRESS: _____

IL
60515

LOCATION WASTE GENERATED: _____

STREET

CITY

ZIP

CONTACT PERSON: STEVEN J. BALES

NAME

(312) 852-4665

A/C PHONE

GENERATOR SIC CODE 1111

NON-REGULATED STATUS If your company was not regulated during 1988, circle the numeric code (1-5) that describes your non-regulated status during the entire year AND circle the code for the time period this status is expected to apply (6-8). Sign and date this form and attach comment page before mailing.

a. 1 NO HAZARDOUS WASTE SHIPPED OFF-SITE

2 SMALL QUANTITY GENERATOR (Did not generate more than 1000 kg of hazardous waste (or 1 Kg acutely hazardous waste) in any month or accumulate 6000 kg hazardous waste for more than 180 days or more than 270 days for waste transported to a facility over 200 miles away.)

3 FARMING OR OTHER OPERATIONS EXEMPT UNDER 35 Ill. Adm. Code 721.104

4 EXEMPT UNDER 35 Ill. Adm. Code 721.106

5 CLOSED (Prior to 1/1/88) and no waste was shipped off-site

b. 6 FOR 1988 ONLY, explain in comment section

7 PERMANENTLY, explain in comment section

8 OTHER, explain in comment section

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FEB 10 1989

IEPA-DLPC

REGULATED STATUS If your company does not qualify for non-regulated status it is regulated for 1988. You must complete the entire report including Page 1 (Generator Information), Page 2 (Comments), Page 3 (Waste Minimization), Page 4 (Transportation Services) and Page(s) 5, 6, 7, etc. (Facility Information).

This Agency is authorized to require this information under Illinois Revised Statutes, 1981, Chapter 88-1/2, Sections 1004 and 1021(f)(2). Disclosure of this information is required. Failure to do so may result in a civil penalty up to \$25,000 for each day the failure continues, a fine up to \$1,000,000.00 and imprisonment up to 3 years. This form has been approved by the Forms Management Center.

CERTIFICATION I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

STEVEN J. BALES

V.P.

PRINT/TYPE NAME

TITLE

SIGNATURE

DATE

ILLINOIS ENVIRONMENTAL PROTECTION AGENCY
1989 GENERATOR ANNUAL HAZARDOUS WASTE REPORT

GENERATOR USEPA I.D. NUMBER IL

GENERATOR IEPA I.D. NUMBER

ILD018214981

0430300010

COMMENTS:

Our plating is a completely closed loop system . No hazardous waste
was spilled nor shipped off site.

91275000332

United States Environmental Protection Agency
Washington, DC 20460**EPA Notification of Hazardous Waste**

87.8565

Please refer to the instructions for
Filing Notification before completing
this form. The information required
here is required by law (Section
3010 of the Resource Conservation
and Recovery Act).

For Official Use Only

Comments

COPY

Installation's EPA ID Number

Approved

Date Received
(yr. mo. day)

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APR 23 1987

I. Name of Installation

BALES MOLD SERVICE INC

II. Installation Mailing Address

Street or P.O. Box

32824 HITCHCOCK

City or Town

State

ZIP Code

4 DOWNERS GROVE

IL 60515

III. Location of Installation

Street or Route Number

5 SAME

City or Town

State

ZIP Code

IV. Installation Contact

Name and Title (last, first, and job title)

Phone Number (area code and number)

2 BALES STEVE OWNER

312 852 4665

V. Ownership

A. Name of Installation's Legal Owner

B. Type of Ownership (enter code)

R BALES MIKE AND STEVE

P

VI. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to instructions.)

A. Hazardous Waste Activity

B. Used Oil Fuel Activities

☒ 1a. Generator☐ 1b. Less than 1,000 kg/mo.☐ 2. Transporter☐ 3. Treater/Slurrier/Disposer☐ 4. Underground Injection☐ 5. Market or Burn Hazardous Waste Fuel
(enter 'X' and mark appropriate boxes below)☐ a. Generator Marketing to Burner☐ b. Other Marketing☐ c. Burner☐ 6. Off-Specification Used Oil Fuel
(enter 'X' and mark appropriate boxes below)☐ a. Generator Marketing to Burner☐ b. Other Marketing☐ c. Burner☐ 7. Specification Used Oil Fuel Marketing for On Site Burning
Who First Claims the Oil Meets the Specification

U.S. EPA REGION V

VII. Waste Fuel Burning: Type of Combustion Device (enter 'X' in all appropriate boxes to indicate type of combustion device(s) in which hazardous waste fuel or off-specification used oil fuel is burned. See instructions for definitions of combustion devices.)

☐ A. Utility Boiler☐ B. Industrial Boiler☐ C. Industrial Furnace

VIII. Mode of Transportation (transporters only — enter 'X' in the appropriate box(es))

☐ A. Air☐ B. Rail☐ C. Highway☐ D. Water☐ E. Other (specify)

DU PAGE - 043

IX. First or Subsequent Notification

Mark 'X' in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your installation's EPA ID Number in the space provided below.

☒ A. First Notification☐ B. Subsequent Notification (complete item C)

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C. Installation's EPA ID Number

EPA-DLPC

FOR AGENCY USE ONLY
GENERATOR I.D.#

TRANS
CODE

TRANS DATE

INITIALS

0430305190
1 10

A
14

15-1-1-20

XXX
21 23

ILLINOIS GENERATOR ID NUMBER REQUEST FORM

Effective January 1, 1990, all requests not submitted on this form will be rejected. Instructions for completing this form, are printed on the reverse side of this form.

INFORMATION MUST BE TYPEWRITTEN.

CARD

TYPE GENERATOR NAME:

010 KETONE AUTOMOTIVE INC 53
11 13 24
LOCATION (Not P.O. Box):

020 4935 BELMONT AVENUE 48
11 13 24

CITY: DOWNERS GROVE STATE: IL
55 74 75 76

ZIP: 60515 COUNTY: DUPAGE
77 85

TELEPHONE: 708 852 9507
86 89 92

CONTACT PERSON: GREG HEIDENREICH 120
96

MAILING ADDRESS (If different than above):

030 54 78
11 13

P.O. BOX: 79 84 CITY: 85 104

STATE: 105 106 ZIP: 107 115

ESTIMATED NUMBER OF MANIFESTS NEEDED PER CALENDAR YEAR: 2

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WASTE DESTINATION (TSD Facility): CLAYTON CHEMICAL COMPANY

JUL 15 1993

ADDRESS: 1 MOBILE AVENUE

IEPA/DLPC

CITY, STATE, ZIP: SAUGET, IL 62201

*TSD Facility's Illinois Site Code Number: 1631210004

*TSD Facility's Generic Permit Authorization Number: 000125

*MUST BE COMPLETED

ID - For Official Use Only

VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to instructions.)

A. Hazardous Waste Activity

1. Generator (See instructions)
- ☐ a. Greater than 1000kg/mo (2,200 lbs.)
- ☐ b. 100 to 1000 kg/mo (220 - 2,200 lbs.)
- ☒ c. Less than 100 kg/mo (220 lbs.)

2. Transporter (Indicate Mode in boxes 1-5 below)

- ☐ a. For own waste only
- ☐ b. For commercial purposes

Mode of Transportation

- ☐ 1. Air
- ☐ 2. Rail
- ☐ 3. Highway
- ☐ 4. Water
- ☐ 5. Other - specify

- ☐ 3. Treater, Storer, Disposer (all installation) Note: A permit is required for this activity; see instructions.

4. Hazardous Waste Fuel

- ☐ a. Generator Marketing to Burner
- ☐ b. Other Marketers

c. Boiler and/or Industrial Furnace

- ☐ 1. Smelter Referral
- ☐ 2. Small Quantity Exemption

Indicate Type of Combustion Device(s)

- ☐ 1. Utility Boiler
- ☐ 2. Industrial Boiler
- ☐ 3. Industrial Furnace

- ☐ 5. Underground Injection Control

B. Used Oil Fuel Activities

1. Off-Specification Used Oil Fuel

- ☐ a. Generator Marketing to Burner
- ☐ b. Other Marketer

c. Burner - Indicate device(s) - Type of Combustion Device

- ☐ 1. Utility Boiler
- ☐ 2. Industrial Boiler
- ☐ 3. Industrial Furnace

- ☐ 2. Specification Used Oil Fuel Marketer (or On-site Burner) Who First Claims the Oil Meets the Specification

IX. Description of Regulated Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001) ☒
2. Corrosive (D002) ☐
3. Reactive (D003) ☐
4. Toxicity Characteristic (D000) ☐

(Use specific EPA hazardous waste number(s) for the Toxicity characteristic code number(s))

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33. See instructions if you need to list more than 12 waste codes.)

1 F 0 0 3	2 F 0 0 5	3	4	5	6
7	8	9	10	11	12

C. Other Wastes. (State or other wastes requiring a handler to have an I.D. number. See instructions.)

1	2	3	4	5	6
---	---	---	---	---	---

X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature

Name and Official Title (type or print)

Date Signed

X. *Richard A. Graf*

X. RICHARD A. GRAF PRES

X. 6/28/93

XI. Comments

BUILDING OWNER: RICHARD A. GRAF.

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)